



# Political Action Committee Statement of Non-Receipt of Contributions and Non-Expenditure of Funds

For Political Action Committees that have not spent or received any campaign funds

Name of Organization <b>Utah Health Insurance Association PAC</b>				
Street Address <b>5108 West Woodsmere</b>	Suite/Apartment/PO Box:	City <b>Herriman</b>	State <b>UT</b>	Zip <b>84096</b>
Also known as				

No Contributions & Expenditures

Type of Report (Check the appropriate box)	
INTERIM REPORTS:	YEAR-END REPORT:
<input type="checkbox"/> August 31st	<input checked="" type="checkbox"/> January 10th of every year
<input type="checkbox"/> Seven days before a General Election	
<div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> Is this report an amendment?	

Report Verification
I, _____ Print Name of Treasurer or Financial Officer
affirm that I have <b>received no Contributions and incurred no expenditures</b> for political purposes during this reporting period.
_____ Signature of Treasurer or Financial Officer
<b>1/12/2009</b> Date

<b>To File this Form</b> Mail or deliver to Lieutenant Governor's Office Utah State Capitol, Suite 220 Salt Lake City, UT 84114-2325 (801) 538 - 1133 <b>For More Information</b> Contact the Lieutenant Governor's Office (801) 538 - 1041 1-800-995-VOTE(8683) elections@utah.gov
---

For Office Use Only
<input checked="" type="checkbox"/> Entered _____
<input type="checkbox"/> Copied _____
_____
Date Received